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PTO/SB/01 (12-97)  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	MCP 100
First Named Inventor	John T. Santini, Jr.
<b>COMPLETE IF KNOWN</b>	
Application Number	09 / 638,109
Filing Date	August 11, 2000
Group Art Unit	3762
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THERMALLY-ACTIVATED MICROCHIP CHEMICAL  
DELIVERY DEVICES**

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 08/11/2000

(Title of the Invention)

as United States Application Number or PCT International

Application Number 09/638,109

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/149,493	08/18/1999	

[Page 1 of 2]

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14581/2

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THERMALLY-ACTIVATED MICROCHIP CHEMICAL DELIVERY DEVICES

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PTO/SB/01 (12-97)

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Patrea L. Pabst	31,284	Felipe J. Farley	38,445
Robert A. Hodges	41,074	Zhaoyang Li	P-46,872
Kevin W. King	42,737		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Patrea L. Pabst				
Address	Amall Golden & Gregory, LLP				
Address	2800 One Atlantic Center, 1201 West Peachtree Street				
City	Atlanta	State	GA	ZIP	30309-3450
Country	United States	Telephone	(404)873-8794	Fax	(404)873-8795

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
John T.		Santini, Jr.			
Inventor's Signature	<i>John T. Santini, Jr.</i>			Date	08/30/2000
Residence: City	Belmont	State	MA	Country	US
Post Office Address	64 Winslow Road				
Post Office Address					
City	Belmont	State	MA	ZIP	02478
				Country	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Filed: August 11, 2000

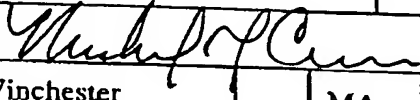
THERMALLY-ACTIVATED MICROCHIP CHEMICAL DELIVERY DEVICES

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Michael J.		Cima			
Inventor's Signature				Date	11/15/00
Residence: City	Winchester	State	MA	Country	US
Post Office Address	184 Mystic Valley Parkway				
Post Office Address					
City	Winchester	State	MA	ZIP	01890
				Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Scott Albert		Uhland			
Inventor's Signature				Date	
Residence: City	Somerville	State	MA	Country	US
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Post Office Address					
City	Somerville	State	MA	ZIP	02144
				Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Post Office Address					
Post Office Address					
City		State		ZIP	
				Country	

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PTO/SB/02A (3-97)

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Michael J.				Cima			
Inventor's Signature				Date			
Residence: City		Winchester	State	MA	Country	US	Citizenship
Post Office Address		184 Mystic Valley Parkway					
Post Office Address							
City		Winchester	State	MA	ZIP	01890	Country
						US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Scott Albert				Uhland			
Inventor's Signature		<i>Scott Uhland</i>		Date		8/30/00	
Residence: City		Somerville	State	MA	Country	US	Citizenship
Post Office Address		12 Curtis Street, Apt. #3					
Post Office Address							
City		Somerville	State	MA	ZIP	02144	Country
						US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		ZIP		Country

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